PHA 5-Year and Annual Plan

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226 Expires 4/30/2011

	T'	39-09-	***************************************			
1.0		Performing	PHA Cod ⊠ Standard	e: FL119 HCV (Section 8)		
	PHA Fiscal Year Beginning: (MM/YYYY)	1/2011				
2.0	Inventory (based on ACC units at time of F Number of PH units: 95	Nu	mber of HCV units:620			
	ACC #A-3614	ACC#	FL119VO0095, FL119VO0092			
3.0	Submission Type 5-Year and Annual Plan	Annual	Plan Only	5-Year Plan Only		
4.0	PHA Consortia	HA Consort	ia: (Check box if submitting a joi	nt Plan and complete table b	elow.)	
		PHA	Program(s) Included in the	Programs Not in the	No. of Uni	ts in Each
	Participating PHAs	Code	Consortia	Consortia	Program PH	THOW
	PHA 1:				PH	HCV
	PHA 2:					
	PHA 3:	-			-	-
5.0	5-Year Plan. Complete items 5.1 and 5.2 or	ılv at 5-Year	Plan update.			1.0
	The standard control of the standard st					
5.1	Mission. State the PHA's Mission for servi	ng the needs	of low-income, very low-income	, and extremely low income	families in the I	PHA's
	jurisdiction for the next five years:					
5.2	Goals and Objectives. Identify the PHA's	quantifiable	goals and objectives that will eno	hla tha DUA to come the nee	de aflavy incom	and vari
3.2	low-income, and extremely low-income fan	qualititiable ilies for the i	goals allo objectives that will ella	on the progress the PHA has	us of low-incom	a the goals
	and objectives described in the previous 5-Y		lext five years. Merade a report	on the progress the TTA has	made in meetin	g life goals
	and objectives described in the previous 2	· · · · · · · · · · · · · · · · · · ·				
	PHA Plan Update					
	() 11 ('C 11 DY14 DI 1 1 1 1 1 1	1 .	11 d 500 i i i i i i i	121		
6.0	(a) Identify all PHA Plan elements that have The Housing Authority has adopted a local					
	(b) Identify the specific location(s) where the	ne nublic may	obtain copies of the 5-Vear and	Annual PHA Plan For a co	mplete list of PI	JA Plan
ŝ	elements, see Section 6.0 of the instruct		obtain copies of the 5 Teal and	7 dinda 11171 fall. 101 a co	implete list of 11	IA Han
	Public may obtain copies of the 5-Year and		Plan, along with all elements, at	the Main Administrative Off	ice of the PHA.	located at
	2333A W. Glades Road, Boca Raton, Fl			- 35	<i>J</i>	
	a) ~					
						100000000000000000000000000000000000000
	Hope VI, Mixed Finance Modernization of				Housing, Home	ownership
	Programs, and Project-based Vouchers. The Housing Authority administers a Home					
	We do not limit the number of participants i				addendum to th	10
	Administrative Plan. The Housing Authority					
	program in addition to HUD's criteria.		3			P
	90.00					
	c. What actions will the PHA undertake to in					
	The agency will work with all other non-pro					
7.0	Develop working relationships with banks a					
	Continue to work and partner with the loca Strengthen our PCC to include more local p					
	The Housing Authority has received a ROSS			coordinator will also work to	nuardo anablina	nublic
	housing residents to move towards self-suffi					public
	The PHA has demonstrated its capacity to a			in teau mem toward nomeov	nersnip.	
	a. Establishing a minimum homeow			% of purchase price and reau	iring that at leas	st 1% of the
	purchase price comes from the fo	imily's resou	rces		G	
	b. Requiring that financing for pure	hase of a hor	me under its Section 8 homeowne	ership will be provided, insur	ed or guarantee	d by the State
	or Federal government; comply	vith seconda	ry mortgage market underwriting	g requirements; or comply wi	th generally acc	epted private
	sector underwriting standards.					dates No.
	c. Demonstrate other relevant expe			1007		
0.0	The BRHA Executive Director has more tha			te nousing		
8.0	Capital Improvements. Please complete P	arts 8.1 throu	gn 8.3, as applicable.			
				(800)		

- 8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance and Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP financing.
- 8.2 Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the Capital Fund Program Five-Year Action Plan, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
- 8.3 Capital Fund Financing Program (CFFP).

Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Based upon information obtained from the Consolidated Plan of the City of Boca Raton and The Palm Beach County Quarterly Housing Report, Fourth Quarter, 2009 there is a shortage of affordable rental units for low-income, very low-income, and extremely low-income families who reside in our jurisdiction.

The average rents in East Boca for example are way above the means of what an average family of 4 Low income: \$60,300; very low income: \$37,700 or extremely low income: \$20,600 might be able to afford

9.0

9.1

East Boca Raton	Unit Type	# of Units Sampled	Average Monthly Rent
	I Br	393	\$1,106
	2 Br	508	\$1,485
	3 Br	194	\$2,013

At the time of the survey the vacancy rate was 2.9% for older apartments, which are the type which generally attract our clients.

The Consolidated Plan revealed that elderly families with incomes less than 50% of median income were particularly rent burdened.

Central Boca Raton/ West Boca	Unit Type	# of Units Sampled	Average Monthly Rent
Raton	5455		
	I Br	1574	\$974
	2 Br	2471	\$1,388
	3 Br	659	\$1,671

The Consolidated Plan indicates that 13% of the renters indicated that they have some rental problem like overcrowding. Information from the U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset. Attachment. A

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.

Strategy 1: Maximize the number of afford units available to the PHA within its current resources by:

- Maximize the rental of all public housing units and minimize turn-over time based on the extent of repairs needed
- Maintain or increase Section 8 lease up rates to the extent that the budget allows,

Strategy 2: Maximize and leverage Section 8 Funding

- Maintain or increase Section 8 lease-up rates by keeping payment standards at the most efficient number to allow for maximum rent up
- Insure that Family Size and Unit Size are accurately and equitably determined when issuing vouchers
- Maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase Section 8 lease-up rates by continuing to effectively screen applicants to increase owner acceptance of the program
- Strategy 3: Increase the number of affordable housing units by:
 - Applying for additional Section 8 units should they become available

Strategy 4: Target available assistance to the homeless

- Housing Authority has a preference homeless families for the Section 8 program
- Housing Authority has added a preference for homeless families to its Public Housing program

Additional Information. Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

1. The Housing Authority has already had one Fair Housing Seminar for all staff to insure that all staff members all familiarized with all current rules and regulations.

2. A desk manual for insuring that Fair Housing regulations are enforced is at staff members' desks

3. A desk manual for information on how to best serve persons with disabilities is at all staff person's desks.

4. A Landlord meeting was held. Speakers at the meeting were the Housing Authority's landlord and tenant attorney, an attorney from Florida Rural Legal Aid, a representative from Go Section 8 and Lexis Nexis. The Palm Beach Sheriff's Office was invited but was unable to attend.

5. The Housing Authority has applied for additional Vouchers for Non-Elderly Family with Disabilities, but we did not receive the vouchers.

vouchers.
6. The Housing Authority received a ROSS grant this year and our Coordinator began work at our Public Housing development in

 The Housing Authority received a ROSS grant this year and our Coordinator began work at our Public Housing development in June 2010. This expands opportunities to all for homeownership, education and self-sufficiency to the residents.

(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" N/A

Substantial deviation/modification:

BRHA defines a substantial deviation as a change in the mission statement, goals and objectives, or in the CFP 5 year action plan that requires Board approval to implement. There have been no such activities.

11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.

- (a) Form HUD-50077, PHA Certifications of Compliance with the PHA Plans and Related Regulations (which includes all certifications relating to Civil Rights)
- (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
- (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
- (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
- (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
- (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
- (g) Challenged Elements
- (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
- (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

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27.2	33.3	36.1		24.9	46.6	П	59.7	45.4	49.9	31. % with any housing problems
4	3,574	1,415	10	8,970	7.768	3,701	390	2,421	1,256	30. Total Households
~ 1	14.3	15.5	14.5	9	11.2	11.8	11	6.3	20.4	29. % Cost Burden >30% to <=50% only
	4.5	3.2	3.3	3.1	1.7	0.5	0	1.9	5.4	28. % Cost Burden >50% only
	1.3	6.1	1.1	0.6	5.4	2.7	26.9	8.8	0	27. % Cost Burden <=30% and other housing problems
	0	0.3	0.2	0	0.7	0	13.7	0	0	26. % Cost Burden >30% to <=50% and other housing problems
	0	0.3	0	0	0	0	0	0	0	25. % Cost Burden >50% and other housing problems
	20.1	25.4	19	12.6	18.9	15	51.6	17	25.7	24. % with any housing problems
	2,642	1,188	8,778	6,241	3,846	1,863	182	1,241	560	23. Household Income >80% MFI
- 1	37.1	19.7	36.8	15.8	46.2	59.8	19.7	31.1	35.6	22. % Cost Burden >30% to <=50% only
	28.2	22.4	34.7	18.8	12.5	12.4	0	8.8	25.1	21. % Cost Burden >50% only
	0	9.9	1.2	1	5.8	2.8	11.3	12.9	0	20. % Cost Burden <=30% and other housing problems
	0	36.2	1.2	0	2.7	1.2	5.6	6.3	0	19. % Cost Burden >30% to <=50% and other housing problems
	0	0	0	0.3	0	0	0	0	0	18. % Cost Burden >50% and other housing problems
	65.4	88.2	73.8	35.9	67.3	76.3	36.6	59.1	60.7	17. % with any housing problems
2,669	482	152	691	1,344	1,613	844	71	479	219	16. Household Income >50 to <=80% MFI
	19.6	32.8	18.9	33.2	31.5	33.2	61.8	28	19.4	15. % Cost Burden >30% to <=50% only
	76.1	36.1	66.5	31.4	54.6	63.1	0	50.6	72.6	14. % Cost Burden >50% only
	0	0	0	0	2.4	0	11.2	4	0	1%
	0	31.1	3.6	0	4.4	2.7	11.2	6.6	0	12. % Cost Burden >30% to <=50% and other housing problems
	0	0	0	0	1.4	0	4.5	2.9	0	11. % Cost Burden >50% and other housing problems
	95.7	100	89.1	64.6	94.3	98.9	8.88	92	92	10. % with any housing problems
	184	61	275	807	985	371	89	350	175	9. Household Income >30% to <=50% MFI
	0	0	1.5	10.7	3.5	1.6	0	5.1	6	8. % Cost Burden >30% to <=50% only
	62.4	71.4	59	65.2	55.4	54.3	29.2	62.4	54	7. % Cost Burden >50% only
- 1	0	0	1.5	0	1.8	0	8.3	5.7	0	6. % Cost Burden <=30% and other housing problems
	0	0	0	0	0.9	0	8.3	0	2.6	5. % Cost Burden >30% to <=50% and other housing problems
	0	28.6	0	0	4.7	4	25	7.1	0	4. % Cost Burden >50% and other housing problems
69.8	62.4	100	62	76	66.3	59.9	70.8	80.3	62.6	3. % with any housing problems
1,124	266	14	266	578	1,324	623	48	351	302	2. Household Income <=30% MFI
2,451	450	75	541	1,385	2,309	994	· 137	701	477	1. Very Low Income(Household Income <=50% MFI)
<u></u>	Э	(H)	(G)	(F)	(E)	(D)	(C)	(B)	A	Household by Type, Income, & Housing Problem
	Households			member households		Households			households	
Owners	Other	(5 or more)	(2 to 4)	1 & 2	Renters	Other	(5 or more)	(2 to 4)	1 & 2	
Total	A	Large Related	Small Related	Elderly	Total	All	_	ed	Elderly	
- 1		Owners					Renters			
		2000				CHAS Data Book	CHA			Boca Raton(CDBG), Florida
- 1	as of:	Data Current as of				Source of Data:	Sou			Name of Jurisdiction:
					0.00					

Definitions:

Any housing problems: cost burden greater than 30% of income and/or overcrowding and/or without complete kitchen or plumbing facilities.

Other housing problems: overcrowding and/or without complete kitchen or plumbing facilities.

ATTACHMENT B

Violence Against Women Act

The Boca Raton Housing Authority strives to fully comply with all requirements of the Violence Against Women Act (VAWA).

First, the Authority will not deny admission to an applicant who has been a victim of domestic violence, dating or stalking. The applicant must comply with all other admission requirements.

Also the Authority will not terminate the assistance of a victim of domestic violence, dating violence, or stalking based solely on an incident or threat of such activity. The Authority still retains the right to terminate assistance for other criminal activity or good cause.

All information provided by an applicant or tenant regarding VAWA will be held in strict confidence and will not be shared with any other parties, unless required by law.

At this time the Housing Authority has not put a victim of domestic violence admissions preference in place. The Executive Director continues to periodically review the need for such a preference and may add an admissions preference for victims of domestic violence if a need is determined.

The Housing Authority's ACOP and administrative Plan are accordingly updated to include all required references to VAWA.

To make sure all applicants are aware of the Violence Against Women Act, the Housing Authority discusses this with the applicants and again at their briefings. At landlord meeting this subject is also discussed and information is disseminated.

PHA Certifications of Compliance with PHA Plans and Related Regulations

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ____ 5-Year and/or_x__ Annual PHA Plan for the PHA fiscal year beginning ___ 2010______, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

- 1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
- 2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
- 3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
- 4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
- 5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
- 6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
- 7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
- 8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a
 pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
- 9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
- 10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
- 11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

- 12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
- 13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
- 14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
- 15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
- 16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
- 17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
- 18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
- 19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
- 20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
- 21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
- 22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

BOCA RATON HOUSING AUTHORITY	FL119
PHA Name	PHA Number/HA Code
5-Year PHA Plan for Fiscal Years 20 20	
X Annual PHA Plan for Fiscal Years 2010 - 2011	
I hereby certify that all the information stated herein, as well as any information provided prosecute false claims and statements. Conviction may result in criminal and/or civil penal	
Name of Authorized Official	Title
Douglas L. Klarberg	Chairman, Board of Housing Authority
Signature They have the same of the same o	Date January 26, 2011

Previous version is obsolete Page 2 of 2 form **HUD-50077** (4/2008)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name Boca Raton Housing Authority	
Program/Activity Receiving Federal Grant Funding	
Public Housing Capital Fund Program	
Acting on behalf of the above named Applicant as its Authorize the Department of Housing and Urban Development (HUD) regard	ed Official, I make the following certifications and agreements to ling the sites listed below:
I certify that the above named Applicant will or will continue to provide a drug-free workplace by: a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. b. Establishing an on-going drug-free awareness program to inform employees (1) The dangers of drug abuse in the workplace; (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace. c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.; d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will	(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant; f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; g. Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f. ges) the site(s) for the performance of work done in connection with the nance shall include the street address, city, county, State, and zip code.
Check here if there are workplaces on file that are not identified on the attack	
I hereby certify that all the information stated herein, as well as any info Warning: HUD will prosecute false claims and statements. Conviction may (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)	
Name of Authorized Official Judith E. Aigen	Executive Director

January 25, 2011

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Applicant Name	
Boca Raton Housing Authority	
Program/Activity Receiving Federal Grant Funding Public Housing Capital Fund Program	
The undersigned certifies, to the best of his or her knowledge an	d belief, that:
(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Title

Executive Director

Date (mm/dd/yyyy)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

eache E. Ceng

Previous edition is obsolete

Name of Authorized Official

Judith E. Aigen

Signature

01/25/2011

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

01-25-2011

Date: Authorized for Local Reproduction

Standard Form LLL (Rev. 7-97)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.) 1. Type of Federal Action: 3. Report Type: 2. Status of Federal Action: a. initial filing a. bid/offer/application a. contract В b. initial award b. material change b. grant c. cooperative agreement c. post-award For Material Change Only: year _____ quarter ____ d. loan date of last report _ e. loan quarantee f. loan insurance 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name 4. Name and Address of Reporting Entity: and Address of Prime: Subawardee × Prime Tier , if known: Congressional District, if known: 4c 19, 22 Congressional District, if known: 6. Federal Department/Agency: 7. Federal Program Name/Description: Public Housing Capital Fund U.S. Dept. of Housing and Urban Development CFDA Number, if applicable: 9. Award Amount, if known: 8. Federal Action Number, if known: \$ b. Individuals Performing Services (including address if 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): different from No. 10a) (last name, first name, MI): 11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact Signature: Judith E. Aigen upon which reliance was placed by the tier above when this transaction was made Print Name: or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the Title: Executive Director

Telephone No.: <u>561-206-6200</u>

required disclosure shall be subject to a civil penalty of not less than \$10,000 and

not more than \$100,000 for each such failure.

Federal Use Only:

RESIDENT ADVISORY BOARD MEETING

December 15, 2010

Comments:

Board discussed the results of the survey sent out by the Housing Authority. Thirty-three residents responded to the survey. In general it seems as if the Community is pretty satisfied with the way things are at Dixie Manor. The survey was sent out in English and Spanish. There were no additional comments at the meeting.

The results are summed up as follows:

Maintenance and Repairs:

To request a repair:

Satisfied: 75% Very Satisfied: 16% Dissatisfied: 9%

How well they are done:

Satisfied: 59% Very Satisfied: 25%

Dissatisfied: 16%

How were you treated?

Satisfied: 66% Very Satisfied: 31% Did Not Apply: 3%

Communication:

Do you think management is courteous and professional with you?

Agree: 55%

Strongly Agree: 42%

Disagree:

Strongly Disagree:

Does not Apply: 3%

Do you think Management is responsive to your questions?

52%

Agree:

Strongly Agree: 45% Disagree: 3% Strongly Disagree:

Does not Apply:

Property Appearance

How often, if at all, are any of the following a problem:

Broken glass:

Never: 100%

Sometimes: Always:

Most of the time:

Rodents and insects (indoors)

Never: 61% Sometimes: 33%

Always:

Most of the time: 6%

Trash/litter

Never: 59% Sometimes: 31% Always: 10% Most of the time:

How satisfied are you with the upkeep of the common area?

Satisfied: 58% Very Satisfied: 24% Dissatisfied: 6% Very Dissatisfied: 6% Does not Apply: 6%

How satisfied are you with the upkeep of the exterior of the buildings?

Satisfied: 73% Very Satisfied: 18% Dissatisfied: 3% Very Dissatisfied: 3% Does not Apply: 3%

One person suggested that Management might look into building or creating a laundry facility on the property. Management accepted this as an excellent suggestion. It will be considered.

Management explained we are purchasing and installing blinds for all residents. A member asked if she could keep her own instead. Management said if they were in good condition, there would be no problem. But she might have to sign a waiver that she had refused new blinds.

Other future improvements were discussed by management. No other comments on maintenance were made.

Board and management discussed upcoming Holiday plans and food distribution to the community.

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17	16	15	14	13	12	11	10		3	7	5	5	_	3	2			Line	Type of Grant ☐ Original A ☐ Performan	Authority	Part I: Summary
1499 Development Activities ⁴	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Damages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) ³	Total non-CFP Funds		Summary by Development Account	pe of Grant Original Annual Statement Performance and Evaluation Report	Authority	mmary
4		stration		II.		-Nonexpendable							t exceed 10% of line 21)	ents	seed 20% of line 21) 3			Account	Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending: 06/30/2010	Grant Type and Number Capital Fund Program Grant No: FL14S11950109 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009	
							198,058										Original			4S11950109 lo:	
																	Revised ²	Total Estimated Cost	☐ Revise		
																	d ²	ost	Revised Annual Statement (revision no:		
							198,058							VIII.			Obligated		on no:		
							197,874										Expended	Total Actual Cost 1		FFY of Grant: 2009 FFY of Grant Approval: 2009	
																				09	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Date	Housing Director	Signature of Public Housi	Date 1/12/11 Si	Signature of Executive Director	Sig
				Amount of line 20 Related to Energy Conservation Measures	25
197,847	198,058		198,058		24
					2.3
					22
7000				Amount of line 20 Related to LBP Activities	21
197.847	198.058		198,058	0 Amount of Annual Grant:: (sum of lines 2 - 19)	20
				9 1502 Contingency (may not exceed 8% of line 20)	19
				18ba 9000 Collateralization or Debt Service paid Via System of Direct Payment	186
				8a 1501 Collateralization or Debt Service paid by the PHA	18a
Expended	Obligated	Revised 2	Original		
Total Actual Cost 1	Total	Total Estimated Cost	Tot	Summary by Development Account	Line
ort	Final Performance and Evaluation Report	_ F		Perfor	
_	Revised Annual Statement (revision no:	☐ Revise	cies	☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies	
				Type of Grant	Typ
	FFY of Grant:2009 FFY of Grant Approval: 2009	E1		HA Name: Boca Raton Housing Authority Housing Factor Grant No: Capital Fund Program Grant No: FL14S11950109 Replacement Housing Factor Grant No: Date of CFFP: 03/18/2009	Box Hou
A				Part I: Summary	Pal
Expires 4/30/2011					

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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

								Part II: Supporting Pages PHA Name: Boca Raton Housing Authority Development Number Name/PHA-Wide Activities FL119 RE-ROOFING OF EIGHT MULTIFAMILY ONE STORY APARTMENT BUILDINGS, INSTALLATION OF NEW PAINT FASCIA BOARDS, AND INSTALLATION OF NEW ATTIC BLOWN IN INSULATION.
								Major V ORY ORY ORY V PAIN V ATTI
								Grant Type and Number Capital Fund Program Grant No: FL14S11950109 CFFP (Yes/ No): NO/ ARRA Replacement Housing Factor Grant No: Vork Development Account No. 1460 Units 1-40 TED TED C
								FL14S1195010 nt No: Quantity Units 1-40
								Cotal Drigit
								Estimated Cost al Revised 1
								Federal FFY of Grant: 2009 Cost Total Actual Cost ised Funds Obligated Fu 198,058 198,058 198,058
								Cost Funds Expended ² 197,847
								Status of Work completed

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Cost Total Actual Cost Funds Funds Obligated Expended							
Cost Funds Expended ²							

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Expires 4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program	dule for Capital Fund	Financing Program			
PHA Name: Boca Raton Housing Authority	sing Authority				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL119	12/31/2009		3/17/2012		
7770					

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Page5 form **HUD-50075.1** (4/2008)

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

					The second secon
PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FLJ4P119: Replacement Housing Factor Grant No: Date of CFFP:	50109			FFY of Grant: 2009 FFY of Grant Approval: 2009
nnual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement (revis	ion no:	
mance and Evaluation Report	for Period Ending: 06/30/2010	7	Final Performance and Eva		
Summary by Development	ACCOUNT		Revised ²		Expended
Total non-CFP Funds					
1406 Operations (may not exc	ceed 20% of line 21) ³	\$155,966		155,966	155,966
1408 Management Improvem-	ients				
1410 Administration (may not	of exceed 10% of line 21)				
1411 Audit					
1415 Liquidated Damages					
1430 Fees and Costs					
1440 Site Acquisition					
1450 Site Improvement					
1460 Dwelling Structures					
1465.1 Dwelling Equipment-	-Nonexpendable				
1470 Non-dwelling Structures	8				
1475 Non-dwelling Equipmer	nt				
1485 Demolition					
1492 Moving to Work Demot	nstration				
1495.1 Relocation Costs					
1499 Development Activities	4.				
PHA Nam Authority Type of G □ Origin ⊠ Perfor Line 1 1 7 7 7 7 11 11 11 11 11	rant lal Annual Statement mance and Evaluation Report Summary by Development Total non-CFP Funds 1406 Operations (may not ex 1408 Management Improven 1411 Audit 1411 Audit 1415 Liquidated Damages 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 1465.1 Dwelling Equipment 1475 Non-dwelling Equipment 1475 Non-dwelling Equipment 1485 Demolition 1492 Moving to Work Demo 1499 Development Activities	rant al Annual Statement mance and Evaluation Report fr Summary by Development A Total non-CFP Funds 1406 Operations (may not exce 1408 Management Improvement 1410 Administration (may not 1411 Audit 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 1470 Non-dwelling Equipment— 1470 Non-dwelling Equipment— 1475 Non-dwelling Equipment 1485 Demolition 1492 Moving to Work Demons 1499 Development Activities 4	Grant Type and Number Capital Fund Program Grant No: FL14P11950109 Replacement Housing Factor Grant No: FL14P11950109 Date of CFFP: Summary By Development Account Total non-CFP Funds 1406 Operations (may not exceed 20% of line 21) 1411 Audit 1415 Liquidated Damages 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 1470 Non-dwelling Structures 1475 Non-dwelling Equipment 1485 Demolition 1499 Development Activities 1499 Development Activities Date of CFFP: Capital Fund Program Grant No: FL14P11950109 Replacement Housing Factor Grant No: Pace of Fire Period Ending: 06/30/2010 Original Original Original Original Original Original 1406 Operations (may not exceed 10% of line 21) 1411 Audit 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1465.1 Dwelling Equipment—Nonexpendable 1477 Non-dwelling Equipment 1488 Demolition 1499 Development Activities 1499 Development Activities 1499 Development Activities	cant Type and Number Capital Fund Program Grant No: FLI4P11950109 Replacement Housing Factor Grant No: Date of CFFP: Replacement Housing Factor Grant No: Date of CFFP: Summary by Development Account Total non-CFP Funds 1406 Operations (may not exceed 20% of line 21) 3 1410 Administration (may not exceed 10% of line 21) 3 1411 Audit 1415 Liquidated Damages 1430 Fees and Costs 1440 Site Acquisition 1450 Site Improvement 1460 Dwelling Structures 1465.1 Dwelling Equipment—Nonexpendable 1475 Non-dwelling Equipment 1485 Demolition 1492 Moving to Work Demonstration 1499 Development Activities ⁴ Reverage Grant No: FLI4P11950109 Reverage Grant No: Rever Grant No: Reverage Gr	Grant Type and Number Capital Hussing Capital Hussing Pactor Grant No. FLJ4P11950109 Replacement Hussing Pactor Grant No. FLJ4P11950109 Revised Annual Statement (revision no. France and Evaluation Report Final Performance and Evaluation Report Summary by Development Acount Original Revised Obligated

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

Signature	25	24	23	22	21	20	19		18ba	18a		Line	× Perform	Origin.	Type of Grant	Boca Raton Housing Authority	Part I: Summary	
Signature of Executive Director	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	Payment	9000 Collateralization or Debt Service paid Via System of Direct	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending: 06/30/2010	Original Annual Statement Reserve for Disasters/Emergencies	ınt	chority Capital Fund Program Grant No: FL14P11950109 Replacement Housing Factor Grant No: Date of CFFP:	mmary	
Date 01/12/2011						\$								mergencies				
12/2011						\$155,966					Original							
Signatu											al	Total Estimated Cost						
Signature of Public Housing Director											Revised 2	ated Cost		☐ Revise		FF		
ng Director						155,966					Obli		Final Performance and Evaluation Report	Revised Annual Statement (revision no:		FFY of Grant:2009 FFY of Grant Approval: 2009		
											Obligated	Total	Evaluation Rep	evision no:		2009		
Date						155,966					Expended	Total Actual Cost 1	oort	<u> </u>				Expires 4/30/2011

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								I IIA - WICE	PER VIII		Development Number Name/PHA-Wide Activities	PHA Name: Boca Katon Housing Authority	Part II: Supporting Pages
								General operations			General Description of Major Work Categories	Housing Authority	5
6											Vork	Grant Ty Capital For CFFP (You Replacen	
								1406			Development Account No.	Grant Type and Number Capital Fund Program Grant No: FL14P11950109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	
											Quantity	o: FL14P119501 rant No:	
					8			155,966		Original	Total Estima	09	
								155,966		Revised 1	Estimated Cost	Federal	
								155,966		Funds Obligated ²	Total Actual Cost	Federal FFY of Grant: 2009	
								155,966		Funds Expended ²	Cost	009	
								complete			Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

1 To be 20											Development Number Name/PHA-Wide Activities		PHA Name: Boca Raton Housing Authority	Part II: Supporting Pages
To be completed for the Doub measure and First street in the street in t											General Description of Major Work Categories		Iousing Authority	
D											Work	Capital Fu CFFP (Ye Replaceme	Grant Ty	
											Development Account No.	Capital Fund Program Grant No: FL14P11950109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	pe and Number	
											Quantity	: FL14P119501		
										Original	Total Estin	09		
										Revised 1	Estimated Cost		Federal I	
										Funds Obligated ²	Total Actual Cost		Federal FFY of Grant: 2009	
										Funds Expended ²	Cost		009	
											Status of Work			

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

									Development Number Name/PHA-Wide Activities	PHA Name: Boca Raton Housing Authority	Part III: Implementation Schedule for Capital Fund Financing Program
							9/14/2011	Original Obligation End Date	All Fund (Quarter E	ng Authority	ule for Capital Fund
								Actual Obligation End Date	All Fund Obligated (Quarter Ending Date)		Financing Program
			2000				9/14/2013	Original Expenditure End Date	All Funds (Quarter E		
								Actual Expenditure End Date	All Funds Expended (Quarter Ending Date)		
									Reasons for Revised Target Dates 1	Federal FFY of Grant: 2009	

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name:	edule for Capital Fund	Financing Program			
FHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter F	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I:	Part I: Summary				The content of the co
PHA N	PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P11950108 Grant No: Date of CFFP:		Replacement Housing Factor	FFY of Grant: 2008 FFY of Grant Approval: 2008
Type of Grant ☐ Original A	pe of Grant Original Annual Statement Breserve for Disasters/Emergencies	rgencies	□Revised Annual St	Revised Annual Statement (revision no: 1)	
⊠Perf	n Report for Per	1	Final Performance	Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total A	Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	\$30,000.00	\$30,000.00	30,000.00	30,000.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				and the second s
7	1430 Fees and Costs	\$0.00	\$10,000.00	10,000.00	1,740.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$0.00	\$15,000.00	15,000.00	8,016.05
10	1460 Dwelling Structures	\$126,469.00	\$101,469.00	101,469.00	53,360.94
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration	1000			United the second secon
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)			A PROTECTION OF SAME O	
20	Amount of Annual Grant: (sum of line 2- 19)	\$156,469.00	\$156,469.00	156,469.00	93,117.07
21	Amount of Line 20 Related to LBP Activities				
22	Amount of Line 20 Related to Section 504 Activities				
23	Amount of Line 20 Related to Security - Soft Costs				
24	Amount of Line 20 Related to Security - Hard Costs				
25	Amount of Line 20 Related to Energy Conservation Measures				

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

			1-12-2011	ideal of leave	ha
Date	ousing Director	Signature of Public Housing Director	Date	Signature of Executive Director	Signature of
Expended	Obligated	Revised ²	Original		
Total Actual Cost 1	Total A	ated Cost	Total Estimated Cost	Summary by Development Account	Line Summary by
	Final Performance and Evaluation Report	Final Performance	c	n Report for l	erformance and E
	Revised Annual Statement (revision no: 1)	Revised Annual Si	nergencies	atement Reserve for Disasters/Emergencies	Type of Grant Original Annual Statement
2008 FFY of Grant Approval: 2008	placement Housing Factor	No: FL14P11950108 Re	Capital Fund Program Grant No: FL14P11950108 Replacement Housing Factor Grant No: Date of CFFP: :	A LEA Maine. Doed Maton Housing Authority	EName: Doca Na
The state of the s			Cuart Time and Number	on Housing Authority	Part I: Summary

To be completed for the Performance and Evaluation Report 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations. ⁴ RHF funds shall be included here.

Part II: Supporting Pages	Pages							
PHA Name: Boca Ra	PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Gra	Grant Type and Number Capital Fund Program Grant No: FL14P11450108 CFFP (Yes/No): N	4P11450108 CFFP	(Yes/No): N	Federal FY of Grant: 2008	Grant: 2008	
NOO!		Replacement Hous	Replacement Housing Factor Grant No:	0:	,			
Development Number	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
Name/HA-Wide Activities								OIR
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
	Operations							
PHA-Wide	Operations	1406	LS	\$30,000.00	\$30,000.00	30,000.00	30,000.00	Complete
	Subtotal 140			\$30,000.00	\$30,000.00			
	Fees and Costs							
PHA-Wide	Architectural and Engineering Fees related to unit modernization	1430	LS	\$0.00	\$10,000.00	10,000.00	1,740.00	In progress
	Subtotal 1430			\$0.00	\$10,000.00	2,500.00	1,740.00	
	Site Improvements							
PHA-Wide	Construct / repair fence around the dumpsters.	1450	2	\$0.00	\$7,500.00	8,016.05	8,016.05	Complete
PHA-Wide	Various sidewalk repairs throughout the property	1450	LS	\$0.00	\$7,500.00	6,983.95	0	Not started
	Subtotal 1450			\$0.00	\$15,000.00	15,000.00	8,016.05	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement ² To be completed for the Performance and Evaluation Report

•		P	P	Į Į			Nan	Part
		PHA-Wide	PHA-Wide	FL119-1 PHA-Wide			Development Number Name/HA-Wide Activities	Part II: Supporting Pages PHA Name: Boca Raton Ho
	Subtotal 1460 Total CFP	Rehab of 2 nd story apartments: bathroom renovation and bedroom floors Rehab cabinets / complete rehab Rehab ceilings	Asbestos Abatement of secondary tile in various apartments as needed as part of rehabilitation work	Replace roofing. Install impact resistant glass windows	Dwelling Structures		General Description of Major Work Categories	Part II: Supporting Pages PHA Name: Boca Raton Housing Authority
		1460 1460 1460	1460	1460 1460			Development Account No.	Grant Type and Number Capital Fund Program Gra Replacement Housing Fac
		8 units 3 units 8 units	5 units	20 units 20 units			Quantity	Grant Type and Number Capital Fund Program Grant No: FL14F Replacement Housing Factor Grant No:
	\$126,469.00 \$156,469.00	\$0.00	\$0.00	\$90,000.00 \$36,469.00		Original	Total Esti	Grant Type and Number Capital Fund Program Grant No: FL14P11950108 CFFP (Yes/No): N Replacement Housing Factor Grant No:
	\$101,469.00 \$156,469.00	\$61,469.00	\$40,000.00	\$0.00 \$0.00		Revised ¹	Total Estimated Cost	FP (Yes/No): N
	101,469.00 156,469.00		40,000.00			Funds Obligated ²	Total Ac	Federal FY of Grant: 2008
	53,360.94 93,117.0 7	18,583.44 17,25000 6,120.00	11,407.50			Funds Expended ²	Total Actual Cost	Grant: 2008
		In progress	In progress				Status of Work	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement ² To be completed for the Performance and Evaluation Report

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Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Boca Raton Housing Authority Development Number Name/HA-Wide Activities (Quarter Ending Date)	Housing Authority All Fund Obligated (Quarter Ending Date)	ound Financing Progr	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Federal FFY of Grant: 2008 Reasons for Revised Target Dates 1
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	06/13/2010		06/13/2012		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Capital Fund Financing Program Capital Fund Program, Capital Fund Program Replacement Housing Factor and Annual Statement/Performance and Evaluation Report

Part I:	Part I: Summary					
PHA Nam Authority	PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P11950107 Replacement Housing Factor Grant No: Date of CFFP:	50107			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant Original A	pe of Grant Original Annual Statement Drisasters/Emer Oreformance and Evaluation Report for Period Ending: 6/30/2010	☐ Reserve for Disasters/Emergencies for Period Ending: 6/30/2010		Revised Annual Statement (revision no:1)	vision no:1)	
Line	Summary by Development Account	Account	Tota	Total Estimated Cost		Fotal Actual Cost 1
			Original	Revised ²	Obligated	Expended
	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	xeed 20% of line 21) 3	\$30,000	\$29,000	\$29,000	\$29,000
ω	1408 Management Improvements	ents	15,000	14,000	14,000	14,214.03
4	1410 Administration (may not exceed 10% of line 21)	t exceed 10% of line 21)	15,000	14,571	14,571	15,079
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
∞	1440 Site Acquisition					
9	1450 Site Improvement		20,000	10,000	10,000	10,000
10	1460 Dwelling Structures	I MARKO	55,000	60,000	56,752	54,769.38
11	1465.1 Dwelling Equipment—Nonexpendable	-Nonexpendable	15,000	20,677	20,677	20,677
12	1470 Non-dwelling Structures	3				
13	1475 Non-dwelling Equipment	nt				
14	1485 Demolition					
15	1492 Moving to Work Demonstration	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4	4				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Signatur	25	24	23	22	21	20	19	18ba	18a		Line	Perfor	Origin	Type of Grant	PHA Name: Boca Raton HA	Part I: Summary
Signature of Executive Director Date of Executive Director	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 Related to Section 504 Activities	Amount of line 20 Related to LBP Activities	Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA		Summary by Development Account	Performance and Evaluation Report for Period Ending: 6/30/2010	Original Annual Statement Reserve for Disasters/Emergencies	ant	HA Capital Fund Program Grant No: FL14P11950107 Replacement Housing Factor Grant No: Date of CFFP:	ımmary
Date S						\$150,000			22	Original	Tor		ncies			
Signature of Public Housing Director						\$148,248				Revised ²	Total Estimated Cost		⊠ Rev			
using Director						\$145,000				Obligated		Final Performance and Evaluation Report	Revised Annual Statement (revision no: 1		FFY of Grant:2007 FFY of Grant Approval: 2007	
Date						\$143,740.01				Expended	Total Actual Cost 1	Report	:1)			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

Part II: Supporting Pages Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

				PHA-Wide Upgra repair.	Site I		PHA-Wide Prorat	Admi		PHA-Wide Traini Accou	Child	Mana		PHA-Wide Operations	Operations		Activities	Name/HA-Wide	Number			PHA Name: Boca Raton Housing Authority
			Subtotal 1450	Upgrade exterior landscaping. Sidewalk repair.	Site Improvements	Subtotal 1410	Proration of salaries	Administration	Subtotal 1408	Training, Hardware/Software Accounting/audit Fees, Computer Consulting Fees	Children's Program, FSS Program, Law	Management Improvements	Subtotal 1406	tions	ations				Categories	neral Description of Major Worls		ousing Authority
				1450	i i i		1410			1408				1406					Dev. Acct No.	Dan A and NI	Capital Fund Program #: FL14P11950107 Capital Fund Program Replacement Housing Factor #:	Grant Type and Number
	3 - 12																		Quantity		m#: FL14P1195(m ousing Factor #:	nber
		- 2 9 0 0 0	20.000	20,000		\$15,000	\$15,000	100	\$15,000.00	\$15,000.00			30,000	000,08			Ó	Original	1 otal Esti		0107	
		4-0,00000	\$10.000.00	\$10,000.00		\$14,571.00	\$14,571.00		\$14,000.00	\$14,000.00			\$29,000.00	\$29,000.00				Revised	Lotal Estimated Cost	2		
		30,000	10.000.00	10,000.00		14,571.00	14,571.00		14,000.00	14,000.00			29,000.00	29,00.000		(Obligated	Funds	I otal Ac	3		Federal FY of Grant: 2007
		10000000	10.000.00	10,000.00		15,079.60	15,079.60		14,214.03	14,214.03			29,000.00	29,000.00			Expended	Funds	Lotal Actual Cost			Grant: 2007
		CARACACTOR	Completed	Completed		Completed	Completed		In progress	In progress			Completed	Completed				Work	Status of Proposed			

Part II: Supporting Pages Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Annual Statement/Performance and Evaluation Report

1								
PHA Name: Boca	PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program #: FL14P11950107 Capital Fund Program Replacement Housing Factor #:	mber am #: FL14P1195(am fousing Factor #:	0107		Federal FY of Grant: 2007	Frant: 2007	
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	tual Cost	Status of Proposed
Name/HA-Wide				Original	Revised	Funds	Funds	Work
Activities						Obligated	Expended	
	Dwelling Structures							
PHA-Wide	Replace / repair bathroom floors, tubs,							
	sinks and counters. Replace apartment floors.	1460	17		\$60,000	56,752.00	54,769.38	In progress
	Subtotal 1460			55,000	60,000.00	56,752.00	54,769.38	In progress
	Dwelling Equipment - 1465.1							
PHA-Wide	Ranges, a/c's, water heaters, fridges	1465.1	49		20,677.00	20,677.00	20,677.00	Completed
	Subtotal 1465.1			15,000	20,677.00	20,677.00	20,677.00	Completed
	Capital Fund Grant Program Total			150,000	\$148,248	145,000.00	143,740.01	

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Annual Statement/Performance and Evaluation Report

PART III: Implementation Schedule PHA Name: Boca Raton Housing Authority Capital Fund Program #: FLI4P11950107 All Fund Diligated All Fund Stapended All Funds Expended (Quarter Ending Date) Activities Original Revised Actual Original Revised Actual PHA-Wide 9/13/10 9/13/11 PHA-Wide 9/13/10 9/13/11 Federal FV of Grant: 2007 Reasons for Revised Target Dates Actual PHA-Wide 9/13/10 9/13/11 Federal FV of Grant: 2007 Reasons for Revised Target Dates Actual PHA-Wide 9/13/10 9/13/11 Federal FV of Grant: 2007 Reasons for Revised Target Dates Actual PHA-Wide 9/13/10 9/13/11 Federal FV of Grant: 2007 Reasons for Revised Target Dates Actual	, , ,		, Þ	0			a	
Capital Fund Program #: FL14P11950107 Capital Fund Program #: FL14P11950107 All Funds Expended All Funds Expended Courter Ending Date	Fart III: Impleme	ntation Sc	a					
Capital Fund Program #: FL14P11930107 Capital Fund Program Replacement Housing Factor #:	PHA Name: Boca Raton H	lousing Author	_	Type and Nun	ıber			Federal FY of Grant: 2007
Capital Fund Program Replacement Housing Factor #: All Fund Obligated (Quart Ending Date) Original Revised Actual Original Revised Actual 9/13/10 9/13/11 9/13/11				ıl Fund Prograi	m#: FL14P119501	07		The second secon
All Fund Obligated (Quart Ending Date) Original Revised Actual Original Revised Actual 9/13/10 9/13/11 9/13/10 9/13/11			Capita	d Fund Program	n Replacement Hou	ısing Factor #:		
Original Revised Actual Original Revised 9/13/10 9/13/11 9/13/11 9/13/10 9/13/11 9/13/11	Development Number Name/HA-Wide	All (Qua	Fund Obligate art Ending Dat	ie) id	(Q	Il Funds Expended uarter Ending Date		Reasons for Revised Target Dates
9/13/10 9/13/11 9/13/11		Original	Revised	Actual	Original	Revised	Actual	
9/13/10								
	PHA-Wide	9/13/10			9/13/11			
							100	

Locality (City/County & State)	Part I	Part I: Summary					
Development Number and Name FL119 Boca Raton Housing Authority Physical Improvements Subtotal Management Improvements Structures and Equipment Administration Other Operations Development Capital Funds Grand Total Or Year 1 FFY 2011 Work Statement for Year 2 FFY 2011-2012 Work Statement for Year 3 FFY 2011-2012 Work Statement for Year 3 FFY 2011-2012 Work Statement for Year 2 FFY 2011-2013 Work Statement for Year 3 FFY 2011-2012 FFY 2011-2012 FFY 2011-2013 Annual Statement or Year 2 FFY 2011-2012 Work Statement for Year 2 FFY 2011-2012 FFY 2011-2012 FFY 2011-2012 FFY 2011-2013 Annual Statement for Year 2 FFY 2011-2012 FFY 2012-2013 Authority Annual Statement for Year 2 FFY 2011-2012 FFY 2012-2013 Authority Annual Statement for Year 2 FFY 2011-2012 FFY 2012-2013 Authority Annual Statement for Year 2 FFY 2011-2012 FFY 2011-2012 FFY 2011-2012 FFY 2011-2012 FFY 2012-2013 Authority Annual Statement for Year 2 FFY 2011-2012 FFY 2011-2012	PHA N	ame/Number		Locality (City/C	ounty & State)	Original 5-Year Plan	Revision No:
Name FL119 Boca Raton Housing Authority Physical Improvements Subtotal Management Improvements PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Demolition Development Capital Funds Total Non-CFP Funds FFY 2011-2012 FFY 2012-2013		Development Number and	Work Statement	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
Boca Raton Housing Authority Physical Improvements Subtotal Management Improvements PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Demolition Development Capital Fund Financing – Debt Service Total Non-CFP Funds Grand Total Grand Total		Name FL119	for Year 1	FFY 2011-2012	FFY 2012-2013	FFY 2013-2014	FFY 2014-2015
Authority Physical Improvements Subtotal Management Improvements PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Demolition Development Capital Fund Financing— Debt Service Total CFP Funds Total Non-CFP Funds Grand Total Capital Funds	F	Boca Raton Housing	FFY 2011				
Physical Improvements Subtotal Management Improvements PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Operations Demolition Development Capital Fund Financing – Debt Service Total CFP Funds Grand Total	1	Authority					
Subtotal Management Improvements PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Demolition Development Capital Fund Financing – Debt Service Total CFP Funds Total Non-CFP Funds Grand Total		hysical Improvements	Annual Statement				
Management Improvements Management Improvements PHA-Wide Non-dwelling PHA-Wide Non-dwelling Structures and Equipment Administration Other Operations Operations \$155,000 Demolition \$155,000 Development Capital Fund Financing – Debt Service Total CFP Funds Total Non-CFP Funds Total Non-CFP Funds Total Non-CFP Funds	25	Subtotal					
PHA-Wide Non-dwelling Structures and Equipment Administration 4dministration Other 5155,000 Operations \$155,000 Demolition 200 Development 200 Capital Fund Financing – Debt Service 200 Total CFP Funds 200 Total Non-CFP Funds 200 Crand Total 200		Management Improvements					
Structures and Equipment Administration Administration Other		PHA-Wide Non-dwelling					
Administration Administration Other \$155,000 Dependition \$155,000 Development Capital Fund Financing – Debt Service Total CFP Funds Total Non-CFP Funds Grand Total Funds		Structures and Equipment					
Other \$155,000 \$155,000 Demolition \$155,000 \$155,000 Development Capital Fund Financing – Debt Service Total CFP Funds Total Non-CFP Funds Grand Total Total Non-CFP Funds		Administration					
. Operations \$155,000 \$155,000 . Demolition Development Capital Fund Financing – Debt Service . Total CFP Funds Total Non-CFP Funds Frand Total		Other					
		Operations		\$155,000	\$155,000	\$155,000	\$155,000
		Demolition					
	I. I	Development					
		Capital Fund Financing —					
		Debt Service					
-		Total CFP Funds					
		Total Non-CFP Funds					
-	М.	Grand Total					

Part I: Summary (Continuation)

							~	Ť	-
							А.	PHA Nam Authority	
	10.000						Development Number and Name: FL119 Boca Raton Housing Authority	PHA Name/Number: FL119 Boca Raton Housing Authority	
						Annual Statement	Work Statement for Year 1 FFY 2011	Raton Housing	
						N/A	Work Statement for Year 2 FFY 2011-2012	Locality (City/county & Str County	
			THE CONTROL OF THE CO			N/A	Work Statement for Year 3 FFY 2012-2013	Locality (City/county & State)Boca Raton, Palm Beach County, Florida	
						N/A	Work Statement for Year 4 FFY 2013-2014	⊠Original 5-Year Plan [
						N/A	Work Statement for Year 5 FFY 2014-2015	Revision No:	

										Statement	Annual	See		Year 1 FFY	Work Statement for	Part II: Sup	
Sub											N/A		General Description of Major Work Categories	Development Number/Name	Work S	Part II: Supporting Pages - Physical Needs Work Statement(s)	
Subtotal of Estimated Cost											N/A			Quantity	Work Statement for Year FFY	al Needs Work State	And the second s
55											N/A			Estimated Cost		ment(s)	
Su											N/A		General Description of Major Work Categories	Development Number/Name	Work		
Subtotal of Estimated Cost											N/A			Quantity	Work Statement for Year: FFY		
₩				8							N/A			Estimated Cost			

Cost	Subman of Patitiana	•	CHOWARI OT FORIMANN COOL	
Subtotal of Fetimated Cost	Si	A	Subtotal of Estimated Cost	
			10.00	
				Statement
N/A		N/A	N/A	Annual
				See
Development Number/Name General Description of Major Work Categories		Estimated Cost	Development Number/Name General Description of Major Work Categories	Year I FFY
FFY			FFY	Statement for
Work Statement for Year:	W		Work Statement for Year	Work
		Statement(s)	Part III: Supporting Pages - Management Needs Work Statement(s)	Part III: Sup

										Statement	Annual	Sec		Year 1 FFY	Statement for	Work	Part III: Sul
Subtotal of Estimated Cost								The Administration of the Control of			N/A		General Description of Major Work Categories	Develonment Number/Name	FFY	Work Statement for Year	Part III: Supporting Pages - Management Needs Work Statement(s)
\$											N/A		Estillated Cost	Estimated Cost			k Statement(s)
Subtotal of Estimated Cost											N/A		General Description of Major Work Categories	Development Number/Name	FFY	Work Statement for Year:	
4		20.000									N/A		Estimated Cost	Estimated Cost			

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Part I: Summary	lmmary					
PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P119501009 Replacement Housing Factor Grant No: Date of CFFP:			FFY of	FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant	ant					
X Origin	Original Annual Statement Reserve for Disasters/Emergencies	cies		Revised Anı	☐ Revised Annual Statement (revision no:	<u> </u>
Perfor	Performance and Evaluation Report for Period Ending: 0		⊠ Fir	nal Performan	Final Performance and Evaluation Report	
Line	Summary by Development Account	Ti	Total Estimated Cost		Total	Total Actual Cost 1
		Original	Revi	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$155,966		0.00	\$155,966	\$155,966
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signatur	Signature of Executive Director Q Date		Signature of Public	lic Housing Director	irector	Date
		and the second s	The second second			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴RHF funds shall be included here.

										Name/PHA-Wide Categories Account No. Activities	General Description of Major Work	PHA Name: Boca Raton Housing Authority Grant Type and Number Capital Fund Program Grant No: FL14P119501009 CFFP (Yes/ No): Y Replacement Housing Factor Grant No:	
									Original	Quantity	Total	No: FL14P119501009 Grant No:	
									Revised ¹	Estilliated Cost 1		Federal FF	
									Funds Funds Obligated ² Expended ²	I otal Actual Cost	otal Actual Cost	Federal FFY of Grant: 2009	
									led ²	Status of Work	Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

											Name/PHA-Wide Activities	Development Number	PHA Name:	Part II: Supporting Pages
			the contraction of the contracti								Categories	General Description of Major Work	≈ ○ ○ ○	
												ork	apital Fu FFP (Ye	
											Account No.	Development	Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	
												Quantity): rant No:	
										Original		Total Estimated Cost		
										Revised 1		ited Cost	Federal	
										Funds Obligated ²		Total Actual Cost	Federal FFY of Grant:	
										Funds Expended ²		Cost		
												Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Boca Raton Housing Authority	dule for Capital Fund I sing Authority	Financing Program			Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund (Quarter Eı	All Fund Obligated (Quarter Ending Date)	All Fund	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
FL119	12/31/2012		3/17/2013		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

									Name/PHA-Wide Activities	Develonment Number	PHA Name:	Part III: Implementation Schedule for Capital Fund Financing Program
								Original Obligation End Date	(Quarter E	All Find		le for Capital Fund
								Actual Obligation End Date	(Quarter Ending Date)	All Fund Obligated		Financing Program
								Original Expenditure End Date	(Quarter E	All Funds		
								Actual Expenditure End Date	(Quarter Ending Date)	All Funds Expended		
										Reasons for Revised Target Dates 1	Federal FFY of Grant:	

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part I:	Part I: Summary				
PHA N	PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P11950111 Date of CFFP:	- 1	Grant No:	FFY of Grant: 2011 FFY of Grant Approval: 2011
Type of Grant ⊠Original A	Type of Grant ☐Reserve for Disasters/Emergencies	ergencies	Revised Annual Statement	tatement	
Per	Performance and Evaluation Report for Period Ending:	0.0000	Final Performance	Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total A	Total Actual Cost 1
		Original	Revised	Obligated	Expended
-	Total non-CFP Funds			C	
2	1406 Operations (may not exceed 20% of line 21) ³				
ယ	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	The state of the s			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$25,000			
∞	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$125,000			
=	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 4				
18a	1501 Collateralization or Debt Service paid by the PHA				
18b	9000 Collateralization or Debt Service paid Via System of Direct				
	Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2- 19)	\$150,000			
21	Amount of Line 20 Related to LBP Activities				
22	Amount of Line 20 Related to Section 504 Activities				
23	Amount of Line 20 Related to Security - Soft Costs				
24	Amount of Line 20 Related to Security - Hard Costs				
25	Amount of Line 20 Related to Energy Conservation Measures				

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226

Part I: Summary				
PHA Name: Boca Raton Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P11950111 Grant No: Date of CFFP::	No: FL14P11950111 Grar	ıt No:	FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant Original Annual Statement Reserve for Disasters/Emergencies Performance and Evaluation Report for Period Ending:	ergencies	☐ Revised Annual Statement () ☐ Final Performance and Evalu	Revised Annual Statement () Final Performance and Evaluation Report	
Line Summary by Development Account	Total Estimated Cost	ated Cost	Total Ac	Total Actual Cost 1
	Original	Revised	Obligated	Expended
Signature of Executive Director	Date 4/6/2011	Signature of Public Housing Director	using Director	Date

To be completed for the Performance and Evaluation Report
To be completed for the Performance and Evaluation Report or a Revised Annual Statement
PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Т	T	Т	T	T	Т		-	T	T	Т	T		T	7				
								Units 41-95		Units 41-95					Name/HA-Wide Activities	Development Number	A HAT PAIIR. DOCA NO	Part II: Supporting Pages
						Fascia and Soffit repairs as needed All hardening costs associated with work	New Root	Dwelling Units	Architectural fees	Fees and Costs						General Description of Major Work Categories	THE POPER NATIONALISE AUTHORITY	Pages
							110	1460	1430							Development Account No.	Capital Fund Program Gra Replacement Housing Fac	
																Quantity	Crant Type and Number Capital Fund Program Grant No: FL14P11450108 CFFP (Yes/No): N Replacement Housing Factor Grant No:	
								\$125,000	\$25,000					Original		Total Estimated Cost	P11450108 CFFP	
														Revised		ated Cost	(Yes/No): N	
														Funds Obligated		Total Ac	Federal FY of Grant: 2008	
														Funds Expended ²		Total Actual Cost	Grant: 2008	
																Status of Work		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement ² To be completed for the Performance and Evaluation Report

		cam	Fund Financing Prog	1 Schedule for Capital]	Part III: Implementation Schedule for Capital Fund Financing Program
Federal FFY of Grant: 2011				Housing Authority	PHA Name: Boca Raton Housing Authority
Reasons for Revised Target Dates	All Funds Expended (Quarter Ending Date)	All Fund (Quarter l	Obligated iding Date)	All Fund Obligated (Quarter Ending Date)	Development Number Name/HA-Wide Activities
ture	Actual Expenditure End Date	Original Expenditure End Date	Actual Obligation End Date	Original Obligation End Date	
		4108/18/18		12/3/12013	FL119

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.